



BARBERING AND COSMETOLOGY
APPLICATION FOR APPRENTICE CONTRACT AND PERMIT

FOR OFFICE USE ONLY

PERMIT #:	_____	BAS REP:	_____
START DATE:	_____	INSP. DATE	_____
EXPIRES:	_____	OF EST.	_____

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

☐ Your name and address are available to the public.

PLEASE TYPE OR PRINT IN INK ☐ Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth _____ month day year	Daytime Telephone Number () - _____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Military Veteran • Yes • No • Not Sure	Applicant Education and Training Background: Circle the highest school year completed: 8 9 10 11 12 13 14 15 16 17 18 19 20 GED HSED
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ESTABLISHMENT NAME	Establishment License #:	Manager Name and License #	
Street Address or P.O. Box	City	State	Zip Code+4
Telephone Number ()	Fax Number ()	Wisconsin Unemployment #	

Have you attended barbering and cosmetology school or ever been an apprentice before? • YES • NO
If you are requesting credit, an official copy of the school transcript with theory and practical hours designated must be attached.

Previous Barbering & Cosmetology School Attended:

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Previous Related Employment:

APPLICATION FEE: Make check payable to Department of Regulation and Licensing and attach to application.

\$ 10.00 Apprentice permit fee
☐ initial contract and permit
☐ transfer contract and permit

EMPLOYER APPLICATION

Establishment Name: _____

Establishment Address _____

Owner's Name _____

Year Business Started: _____ Trained Apprentices Before? • Yes • No

Are the licensed barbers or cosmetologists covered by a collective bargaining agreement? • Yes • No

If yes, list union name and number: _____

Are the apprentices covered by this collective bargaining agreement? • Yes • No

Number of licensed barbers and cosmetologists in this establishment _____

Present licensed barber and cosmetologist base skilled wage rate per hour for this trade: \$ _____ per hour.

Proposed Apprenticeship Start Date (NOTE: Apprentice may not begin practicing until the Contract and Permit have been approved.) _____

Name of school apprentice will attend: _____

NAMES OF LICENSED BARBERS/COSMETOLOGISTS AND APPRENTICES NOW EMPLOYED

Name	Date Employed or Contract Issued	License Number
1.		
2.		
3.		
4.		
5.		

Attach an additional sheet, if necessary.

Any misrepresentation contained herein shall be grounds for denial of your request for an apprentice.

Signature of Licensed Manager

Date Signed

APPRENTICE INFORMATION

STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer **YES** to any questions, give all details on a separate sheet.

- | | YES | NO |
|--|--------------------------|--------------------------|
| A. Have you ever been convicted of a *misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, OR are criminal charges or DWI charges currently pending against you? <u>If YES, complete and attach Form #2252.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is disciplinary action pending against you in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have any suits or claims ever been filed against you as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Safety and Professional Services or any of the Boards? <u>If YES, what type of credential?</u> | <input type="checkbox"/> | <input type="checkbox"/> |

And if in another name, what name? _____

*Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the Board is subject to sec. 111.321, 111.322, and 111.335, Stats. Licensing decisions will also take due note of sec. 454.145(2)(d), Stats., concerning "a felony committed while engaged in the practice of barbering or cosmetology, aesthetics, electrology or manicuring."

SECTION C: CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

_____ a citizen or national of the United States, or

_____ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

SECTION D: ALL APPLICANTS MUST COMPLETE THIS SECTION

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Signature of Applicant

Date

MANAGER AND APPRENTICE RESPONSIBILITIES

We the undersigned, have read, understand, and agree that the following conditions will be met in order to comply with laws and rules governing apprenticeships:

1. The apprentice shall receive at least 3,712 hours of practical training and at least 288 training hours of instruction in theory in a school of barbering or cosmetology in order to complete the apprenticeship program and be eligible to take the licensure examination. The apprentice shall receive practical training for at least 32 hours per week. **An apprentice who has completed the training program may not continue to practice as an apprentice but may apply for a temporary permit** under sec. 454.10, Stats.
2. Following issuance of an apprenticeship permit, an apprentice shall enroll in the first available course of theory instruction at a school of barbering and cosmetology and shall maintain acceptable attendance and progress in instruction and practical training. The manager shall pay the apprentice for the hours of school attendance and practical training. [BC 6.02, Wis. Admin. Code] (CAUTION: Employee absenteeism or tardiness at work or at school constitutes grounds for cancellation of the apprenticeship contract agreement. [Sec. DWD 295.20(4)(c), Wis. Admin. Code])
3. The apprentice shall not engage in any barbering and cosmetology work or attend school until a permit has been approved by the Barbering and Cosmetology Examining Board. A permit will not be issued until the contract is completed with the Department of Workforce Development. [BC 6.01(4), Wis. Admin. Code]
4. Each apprentice shall enter an apprenticeship contract with an establishment owner or his or her designated agent who shall employ and make arrangements for training of the apprentice in accordance with ch. 454, Stats., and the rules of the board. [BC 6.01(5), Wis. Admin. Code]
5. The manager shall train and supervise an apprentice in accordance with s. BC 6.04(1), and shall supervise temporary permit holders and training permit holders. Supervision and training shall be conducted by a currently licensed manager. [BC 2.07(1)(g), Wis. Admin. Code]
6. Establishments where apprentices are trained shall provide equipment, supplies and products for all barbering and cosmetology services. The apprentice shall be provided a work station with equipment and supplies necessary to adequately obtain knowledge and practice in **all** barbering and cosmetology services. [BC 3.01(8) and 6.01(6), Wis. Admin. Code]
7. The apprentice shall be trained in all phases of practical work and in all subjects required to be taught in schools of barbering or cosmetology as prescribed by the Board by rule. [Sec. 454.10(3), Stats.]
8. The owner or his or her designee shall keep official daily records of the apprentice's activities, hours worked, training received and the wages paid in order to provide a record to enable the apprentice to meet the requirements for licensure. [BC 2.07(1)(r), and 6.01(6) Wis. Admin. Code]
10. An apprentice transferring from one establishment to another within the state shall contact the Bureau of Apprenticeship Standards (BAS) or the department for transfer procedures. [BC 6.01(7), Wis. Admin. Code]
11. If the licensed manager supervising the apprentice changes during the apprenticeship period, the Board office shall be notified in writing. Apprentices shall not work without the supervision of a licensed manager. [BC 6.04(1), Wis. Admin. Code]

AFFIDAVIT OF MANAGER AND APPRENTICE APPLICANT

Violations of the above stated conditions or other laws and rules governing the apprenticeship program by the apprentice, manager, or owner, may result in loss of apprenticeship hours for the apprentice and action against the apprentice, manager, or owner, as provided in Chapter 454 of the Wisconsin Statutes. Under penalties of perjury, I declare that the information provided is true to the best of my knowledge.

Licensed Manager Signature

Date

Apprentice Applicant Signature

Date

ESTABLISHMENT EQUIPMENT AND SUPPLIES TO BE PROVIDED FOR USE & TRAINING APPRENTICES

It is the responsibility of the establishment owner and manager to provide the apprentice with adequate equipment and supplies for use and training. The apprentice is to be provided a work station with equipment and supplies necessary to adequately obtain knowledge and practice in all branches of barbering and cosmetology. FAILURE TO PROVIDE EQUIPMENT MAY RESULT IN DISCIPLINARY ACTION AGAINST YOUR LICENSE.

SANITATION & SAFETY

- Closed containers with sanitizing agent
- Band-aids
- Rubber gloves
- Storage for clean and dirty supplies
- EPA-registered tuberculocidal agent
- EPA-registered germicidal preparation
- Topical disinfectant (iodine, 70% isopropyl alcohol or 6% stabilized hydrogen peroxide or equivalent)

SHAMPOOING & STYLING

- Shampoo bowl or tray
- Hot and cold water
- Capes
- Towels
- Shampoo (assorted)
- Conditioner (assorted)
- Rollers (assorted sizes)
- Clips
- Bobby and hair pins
- Combs
- Hair nets
- Spray
- Setting lotion
- Hair dryer
- Pressing comb and heater
- Curling iron

SHAVING

- Straight razor (detachable blades acceptable)
- Steam towels

HAIRCUTTING

- Clip
- Razor with blade
- Scissors
- Thinning shears
- Clippers

HAIR COLORING

- Bleaches
- Permanent tints
- Semi & Demi Color
- Temporary rinses
- Brushes/bowls/applicator bottles
- Foils/tipping cap and hook
- Tinting capes
- Towels

SCALP TREATMENTS & HAIR CONDITIONING

- Tonics, creams, conditioners

FACIALS, COSMETICS & ARCHES

- Cleansing cream
- Lubricating cream
- Base
- Disposable applicators
- Rouge
- Powder
- Lipstick
- Eyeliners
- Mascara
- Tweezers
- Depilatories/waxing

MANICURING

- Manicure table
- Nippers
- Pusher
- Orange wood sticks
- Emery boards
- Buffer
- Files
- Cuticle remover
- Nail polish
- Polish remover
- Base coat
- Sealer
- Hand cream
- Cotton

PERMANENT WAVING & CHEMICAL HAIR STRAIGHTENING

- Chemical solutions
- Wave rods (assorted sizes)
- End papers
- Waving solutions
- Applicators
- Cotton
- Protective cream
- Neutralizers (solution & shampoo)
- Protective gloves

Wisconsin Department of Safety and Professional Services

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name	Middle Initial	Last Name
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Profession

Date of Birth
 month day year

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Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Children and Families for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

EMAIL ADDRESS:

Do you have an email address? ☐ Yes ☐ No

If yes, this field is required to receive your application status electronically. Your email address must be clearly legible with the correct case sensitive information.

EMAIL ADDRESS: Submit your email address in the spaces provided below or attach a printer copy.

[illegible]

If no, your checklist will be sent by first class mail.

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996